How to submit a claim and what happens after

Contents

Short-term disability benefits – what happens after I submit a claim?

Here's everything you need to know about how to submit a short-term disability claim and what will happen after you submit it.

- Be sure to let your plan sponsor know of your absence from work
- To apply for disability benefits, claim forms and instructions can be found on our website here https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/apply-for-disability-income-benefits/online-claim-submission-long-term-disability.html

What are the submission timelines?

To allow for prompt assessment, you should submit initial notice of a disability claim **no later than 10 days** after you stop working.

My form is complete. Now what?

We'll collect information about your coverage, job details and earnings from your plan sponsor.

We'll let you know either by mail or phone if there's any outstanding information required to assess your claim.

Once all information is received, we'll review the available medical and functional information against the demands of your regular job/occupation as well as your group disability plan's contractual provisions.

When will a decision be made about my claim?

A decision will be made 7 calendar days from the date we receive all necessary information.

Please note: The 7-day timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I be notified about the decision?

We'll provide you with written confirmation of the claim decision (including claim details and next steps).

What else do I need to know?

We'll contact you and your treatment providers throughout the duration of your claim for updated information on your status, functional abilities and treatment plan.

It's important that you keep us informed of any changes in your medical condition or functional status.

If there are any changes to your claim status (including an extension of benefits), we'll provide you with written or verbal notification.

Long-term disability benefits – what happens after I submit a claim?

Here's everything you need to know on how to submit a long-term disability claim and what will happen after you submit it.

- Be sure to let your plan sponsor know of your absence from work
- To apply for disability benefits, claim forms and instructions can be found on our website: https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/apply-for-disability-income-benefits/online-claim-submission-long-term-disability.html

What are the submission timelines?

To allow for prompt assessment, initial notice of a disability claim should be submitted no later than **8 weeks** before the end of the waiting period.

My form is complete. Now what?

We'll collect information about your coverage, job details and earnings from the plan sponsor.

We'll provide written or verbal notification if there's any outstanding information required for assess your claim.

Once all information is received, we'll review the available medical and functional information against the demands of your regular job/ occupation as well as your group disability plan's contractual provisions.

When will a decision be made about my claim?

A decision will be made 14 calendar days from the date we receive all necessary information.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

We'll provide you with written confirmation of the claim decision (including benefit details and next steps).

What else do I need to know?

We'll keep in touch throughout the duration of your claim.

We'll contact you and your treatment providers throughout the duration of your claim for updated information on your status, functional abilities and treatment plan.

It's important that you keep us informed of any changes in your medical condition or functional status.

If there are any changes to the status of your claim (including an extension of benefits), we'll let you know through written or verbal notification.

Life benefits – what happens after I submit a claim?

Here's everything you need to know about how to submit a life claim and what will happen after you submit it.

- Inform the plan sponsor of the death.
- To apply for life benefits, claim forms can be found on our website: https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/standard-claims-forms.html

What are the submission timelines?

To allow for prompt assessment, initial notice of a life claim should be submitted **as soon as possible**.

My form is complete. Now what?

We'll collect information about the plan insured individual's coverage from your plan sponsor.

If there's any outstanding information required to assess your claim, we'll let you know either through written letter or phone call.

Once all information is received, we'll review the claim details along with your group life plan's contractual provisions.

When will a decision be made about my claim?

A decision will be made 7 calendar days from the date we receive all necessary information.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

We'll provide you with written confirmation of the claim decision (including benefit details).

Accidental death and dismemberment benefits – what happens after I submit a claim?

Here's everything you need to know about how to submit an accidental death and dismemberment claim and what will happen after you submit it.

- Inform the plan sponsor of the loss or death.
- To apply for AD&D benefits, claim forms can be found on our website: https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/standard-claims-forms.html

What are the submission timelines?

Accidental and death and dismemberment claims should be submitted **as soon as possible**.

Dismemberment claims should be provided **within 15 months** from the date of loss.

My form is complete. Now what?

We'll collect information about the coverage from your plan sponsor.

If there's any outstanding information required to assess the claim, we'll let you know either through written letter or phone call.

Once all information is received, we will review the claim details along with the group accidental death and dismemberment plan's contractual provisions.

When will a decision be made about my claim?

A decision will be made 7 calendar days from the date we receive all necessary information.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

We'll provide you with written confirmation of the claim decision (including benefit details).

Appeal details for short-term disability, long-term disability, life and accidental death and dismemberment benefits

If benefits are denied, you'll receive a detailed letter with an explanation for the decision. The letter will also include:

- Details on how to appeal the decision
- What information should be included in your appeal
- Where to send the appeal

Appeal level 1	▪ Once we have received all necessary appeal level 1 information, communication will be made within 7 calendar days for short-term disability benefits and 14 calendar days for long-term disability benefits. ▪ We will review the appeal level 1 information submitted and provide written notification of the appeal outcome. ▪ If the decision is maintained, information regarding options for the next level appeal will be provided.
Appeal level 2	▪ Once we have received all necessary appeal level 2 information, communication will be made within 7 calendar days for short-term disability benefits and 14 calendar days for long-term disability benefits. ▪ We will review the appeal level 2 information submitted and provide written notification of the appeal outcome. ▪ For short-term disability and long-term disability benefits: o If the decision is maintained, information regarding options for the next level appeal will be provided. ▪ For Life and accidental death and dismemberment benefits: o The appeal process is deemed final once the second appeal decision is made. o Any further concerns may be escalated through our complaint process. https://www.canadalife.com/support/consumer-information/customer-complaints-ombudsman.html.
Appeal level 3	▪ Once we have received all necessary appeal level 3 information, communication will be made within 10 calendar days for both short-term disability and long-term disability benefits. ▪ Short-term disability and long-term disability: o We will review the appeal level 3 information submitted and provide written notification of the appeal outcome. o The appeal process is deemed final once the third appeal decision is made. o Any further concerns may be escalated through our complaint process https://www.canadalife.com/support/consumer-information/customer-complaints-ombudsman.html.

The following applies to disability claims for Quebec Residents ONLY:

Appeal level 1	▪ Once we have received all necessary appeal level 1 information, communication will be made within 7 calendar days for short-term disability benefits and 14 calendar days for long-term disability benefits.
	▪ For short-term and long-term disability:
	  ○ We will review the appeal level 1 information submitted and provide written notification of the appeal outcome.
	  ○ If the decision is maintained, information regarding options for the next level appeal will be provided by a senior case manager.

Appeal level 2	▪ Once we have received all necessary appeal level 2 information, communication will be made within 10 calendar days for both short-term disability and long-term disability benefits.
	▪ For short-term and long-term disability:
	  ○ Our Group Disability Claim Services area will review the appeal level 2 information submitted and provide written notification of the appeal outcome.
	  ▪ The appeal process is deemed final once the second appeal decision is made.
	  ▪ Any further concerns may be escalated through our complaint process. https://www.canadalife.com/support/consumer-information/customer-complaints-ombudsman.html.

Health and dental claims

Once you have an expense to claim, you can send in a claim in one of 3 ways:

- **Paper** - fill out a claim form by following this link: https://www.greatwestlife.com/you-and-your-family/forms/frequently-used-forms.html
- **Online via Canada Life™ –** Sign in to GroupNet for plan members to complete a claim
- **Online by your health care provider** – your pharmacist, dental office, optical location or paramedical provider can submit a claim on your behalf.

What are the submission timelines?

You must submit the claim **within 15 months** from the date the service was incurred.

My form is complete. Now what?

Once all information for your claim is received, we will assess your claim.

If there's any missing information required to assess your claim, we'll contact you through GroupNet for plan members or by mail.

You can respond to any missing details for your claims online by signing in to GroupNet for Plan Members and going to the contact us section.

When will a decision be made about my claim?

A decision will be made 7 calendar days from the date we receive all necessary information.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

We'll provide you with a response either electronically or by letter in the mail, depending on your communication preferences.

Healthcare spending account

Once an expense or service has been rendered, it can be submitted under your health and dental plan for reimbursement.

Additionally, should you have one, you can also submit your expenses under your Health Spending Account (HSA). Claims can be submitted by either:

- **Paper** - fill out a claim form by following this link: https://www.greatwestlife.com/you-and-your-family/forms/frequently-used-forms.html
- **Online via Canada Life –** Sign in to GroupNet for plan members to complete a claim

What are the submission timelines?

You must submit the claim **within 31 days** after the end of the prior plan year.

My form is complete. Now what?

Once all information for your claim is received, we'll adjudicate your claim.

If there's any missing information required to assess your claim, we'll contact you through GroupNet for plan members or by mail.

You can respond to any missing details for your claims online by signing in to GroupNet for Plan Members and going to the contact us section.

When will a decision be made about my claim?

A decision will be made 7 calendar days from the date we receive all necessary information.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

We'll provide you with a response either electronically or by a letter in the mail, depending on your communication preferences.

Out of country

How do I submit a claim?

Fill out a paper claim form by following this website: https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/out-of-country-claim-forms.html

What are the submission timelines?

Claim must be received within the submission period set out by your provincial health care and must not exceed 15 months from the date the service/supply was incurred.

My form is complete. Now what?

Once all information for your claim is received, Canada Life will adjudicate your claim.

We'll contact you through GroupNet for plan members or by mail if there's any missing information required to assess your claim.

You can respond to any missing details for your claims online by signing in to GroupNet for Plan Members and going to the contact us section.

How long does it take to process my claim?

Your claim will be processed within 10 calendar days of receipt.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

We'll provide you a response either electronically or by mail, depending on your communication preferences.

Plan Direct/Welcome Plan

How do I submit a claim?

You can submit a claim in the following ways:

- **Paper** - fill out a claim form by following this website:

  Welcome Plan

  https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/ambassador-canus-and-welcome-plan-claim-forms.html

  Individual Plan

  https://www.greatwestlife.com/you-and-your-family/forms/individual-forms/standard-claims-forms.html

Make sure you've attached all original receipts supporting your claim. We don't accept photocopies. Your original receipts will not be returned. You will, however, receive an explanation of benefits for your records.

What are the submission timelines?

Claims must be submitted within **15 months** from the date the service/supply was incurred.

My form is complete. Now what?

Once all information for your claim is received, Canada Life will adjudicate your claim.

Canada Life will contact you through GroupNet for plan members or by mail if there is any missing information required to assess your claim.

How long does it take to process my claim?

Canada Life will process all health and dental claims under the Plan within 7 calendar days of receipt.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

Once the claim is adjudicated, we will provide you a response either electronically or by mail, depending on your communication preferences.

Appeal details for Health, Dental, Welcome Plan and Out of country benefits

Steps	Health and Dental	Health care spending account	Out of country	Plan Direct/Welcome Plan
Appeal level 1	**Details** You can appeal by either calling our customer relationship specialists at our call centre or by resubmitting the claim and indicating it is an appeal. Please tell us why you disagree with our assessment.	**Details** Prior to submitting an appeal please refer to the Canada Revenue Agency (CRA) website to ensure the claim is eligible as per the medical expense tax credit definition. You can appeal by either calling our customer relationship specialists at the call center or resubmitting the claim and indicating it is an appeal. Please tell us why you disagree with our assessment.	**Details** You can appeal by either calling our client service specialists at the call center or by resubmitting the claim and indicating it is an appeal.	**Details** You can appeal by either calling our client service specialists at the call center or by resubmitting the claim and indicating it is an appeal.
	Timeline Canada Life aims to process all appeals within 7 calendar days of receipt.	**Timeline** Canada Life aims to process all appeals within 7 calendar days of receipt.	**Timeline** Canada Life aims to process all appeals within 7 calendar days of receipt.	**Timeline** Canada Life aims to process all appeals within 7 calendar days of receipt.

	Communication If the appeal is accepted, we will provide you a response either electronically or by mail, depending on your communication preferences. If the appeal decision is maintained, we will respond by sending a detailed letter with an explanation for the decision.	**Communication** If the appeal is accepted, we will provide you a response either electronically or by mail, depending on your communication preferences. If the appeal decision is maintained, we will respond by sending a detailed letter with an explanation for the decision.	**Communication** Once the appeal is adjudicated, we will provide you a written response.	**Communication** Once the appeal is adjudicated, we will provide you a written response.
Appeal level 2	**Details** If you are not satisfied with the 1st appeal decision you may send us in writing all claims details with any additional information that we may not already have for review. **Timelines** Appeals will be reviewed within 10 calendar days **Communication** We will respond by sending a detailed letter with an explanation for the decision.			
Complaints	**Details** After the second appeal, you can ask to have their concerns escalated further. This would flow into our complaint process: https://www.canadalife.com/support/consumer-information/customer-complaints-ombudsman.html.			

Prior authorization drugs

Some prescription drugs require prior authorization before reimbursement is considered. To determine if a drug requires prior authorization, you can:

- Go online and use the drug search tool on GroupNet for plan members.
- Call and speak to one of our customer services representatives at 1-800-957-9777.
- Ask your pharmacy provider using your drug card. If the drug requires Prior Authorization, the pharmacy will receive a message advising of the prior authorization requirement.

Once prior authorization has been confirmed, you must work with your physician to complete and submit a **Request for Information form**. All forms can be found on the Canada Life website: https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/prior-authorization-forms.html

What are the submission timelines?

You must submit the claim within 15 months from the date the drug is prescribed.

My form is complete. Now what?

Once the prior authorization form is received, signed by the member and physician and all required medical information is included we will assess the request for coverage of the prior authorization drug under the benefits plan.

How long does it take to process my claim?

Canada Life will review the Request for Information form within 7 calendar days of receipt.

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

Canada Life will contact you by mail regarding the coverage decision.

Appeal details for Prior Authorization Drugs

Appeal level 1	**Details** You can appeal our decisions by submitting in writing including any additional medical information from your physician for review. **Timeline** Appeals will be reviewed within 10 calendar days **Communication** We will respond directly to you in writing with our assessment decision by mail.
Appeal level 2	**Details** If you are not satisfied with the 1st appeal decision you may send us in writing all claims details with any additional medical information that we may not already have. **Timelines** Appeals will be reviewed within 10 calendar days **Communication** We will respond directly to you in writing with our assessment decision by mail.
Complaints	**Details** After Appeal level 2, you can ask to have your concerns escalated further. This would flow into our complaint process: https://www.canadalife.com/support/consumer-information/customer-complaints-ombudsman.html.

Where can I find a claim form?

You can find the claim form and instructions on what's needed here:

https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/group-critical-illness-claims-forms.html

What are the submission timelines?

To allow for prompt assessment, you must submit a notice of a critical illness claim no later than 3 months after the date the critical illness is diagnosed or after the policy termination date.

My form is complete. Now what?

We'll collect information about your coverage from your employer and plan sponsor representative.

We'll contact you to validate that your claim was received and to advise you if there is any outstanding information.

We'll provide you a response either electronically or by mail, depending on your communication preferences.

Once all information for your claim is received, a Canada Life case manager will review the available medical as well as your group Critical Illness plan's contractual provisions.

How long does it take to process my claim?

7 calendar days from the date Canada Life receives all necessary information

Please note: This timeline is intended for standard plans only. Actual timelines might vary based on plan design and claim complexity. Missing information or incomplete applications for benefits may impact processing timelines. We may need to extend the timeline if additional review is needed.

How will I find out if my claim has been accepted?

A case manager will communicate the claim decision (including benefit details and next steps) with you. We will provide you a response either electronically or by mail, depending on your communication preferences.

Appeal details for Group Critical Illness benefits

If benefits are denied, the plan member/ claimant will receive a detailed letter with an explanation for the decision. The letter will also include:

- Options for appeal
- What information should be included if an appeal is pursued
- Where to send the appeal

Appeal level 1	▪ Canada Life will review the appeal and communicate a decision either electronically or by mail, depending on your communication preferences. If the decision is maintained, you will receive information regarding options for the next level appeal.
Appeal level 2	▪ A Canada Life team manager will review the appeal and communicate a decision either electronically or by mail, depending on your communication preferences. ▪ If the decision is maintained, you will receive information regarding options for the next level appeal.
Appeal level 3	▪ A Canada Life senior case manager and team manager will review the appeal information and communicate a decision either electronically or by mail, depending on your communication preferences. ▪ The appeal process is deemed final once the 3rd appeal decision is made.

Information for residents of Saskatchewan: If you reside in the Province of Saskatchewan, the contact information for the Superintendent of Insurance is:

Superintendent of Insurance
Insurance and Real Estate Division
Financial and Consumer Affairs Authority
Suite 601, 1919 Saskatchewan Drive
Regina, SK S4P 4H2
(306) 787-6700
fcaa@gov.sk.ca